



EXPRESS MAIL NO. EV335612942US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tony N. Frudakis et al.
Application No. : 09/924,400
Filed : August 7, 2001
For : COMPOSITIONS AND METHODS FOR THE THERAPY AND
DIAGNOSIS OF BREAST CANCER
Examiner : Mary K. Zeman
Art Unit : 1631
Docket No. : 210121.419C12
Date : January 20, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FOURTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicants wish to make known to the U.S. Patent and Trademark Office the references set forth on the attached Form PTO-1449. Copies of the cited U.S. patents and published patent applications are not required and accordingly have not been provided. Copies of all other cited references are enclosed. As to any reference cited, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicants' duty to disclose all information they are aware of which is believed relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

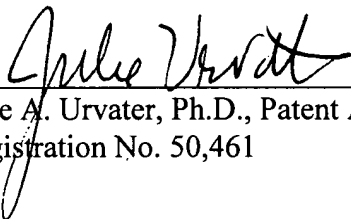
We hereby certify that the reference set forth on the attached form PTO-1449 was first cited in a communication from a foreign patent office in a counterpart foreign application

not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

Please acknowledge receipt of this Fourth Supplemental Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,
Seed Intellectual Property Law Group PLLC



Julie A. Urvater, Ph.D., Patent Agent
Registration No. 50,461

JAU:ljt

Enclosures:

Postcard
Check
Transmittal Form
Fee Transmittal Form (+ Copy)
Form PTO-1449
Cited Reference

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL **for FY 2005**

Complete if Known

Application Number	09/924,400
Filing Date	August 7, 2001
First Named Inventor	Tony N. Frudakis
Examiner Name	Mary K. Zeman
Art Unit	1631
Attorney Docket No.	210121.419C12

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)
METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP = _____	X _____	= _____	_____	Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	X _____	= _____	_____

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	(round up to a whole number) x _____	_____	_____

HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: <u>Consideration of Information Disclosure Statement</u>	<u>180.00</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent			Date	January 20, 2005

FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. 210121.419C12		APPLICATION NO. 09/924,400	
FOURTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT <small>(Use several sheets if necessary)</small>				APPLICANTS Tony N. Frudakis et al.			
				FILING DATE August 7, 2001		GROUP ART UNIT 1631	
U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
AA							
AB							
AC							
AD							
AE							
AF							
AG							
AH							
AI							
AJ							
FOREIGN PATENT DOCUMENTS							
	DOCUMENT NUMBER	DATE	COUNTRY			TRANSLATION	
						YES	NO
AK	WO 97/31011	08/28/97	WIPO				
AL							
AM							
AN							
AO							
OTHER PRIOR ART <i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i>							
	AP						
	AQ						
	AR						
EXAMINER				DATE CONSIDERED			
* EXAMINER: Initial if reference considered, whether or not criteria is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).							